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PATENT APPLICATION FEE DETERMINATION RECORD  Application or Docket Number  0972/507											
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMAI	SMALL ENTITY			OTHER T	
FOR		NUMB	NUMBER FILED		NUMBER EXTRA		E	FEE		RATE	FEE
(37	SIC FEE CFR 1.16(n))							\$	OR		s <u>710</u>
(37	AL CLAIMS CFR ).16(c))		38 minus 20 =		1. 18		_=		OR	x s/8 =	324
INDEPENDENT CLAIMS (37 CFR 1.16(b))		IMS	minus 3 =		<u> </u>		<i>-</i> "		OR	x=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR (.16(4))							_=		OR	+=	
If the difference in column 1 is less then zero, enter "0" in column 2							AL		OR	TOTAL	1034
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMAI	LL E	NTITY	OR	OTHER T	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	PRESENT LY EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	++	=	x \$	_=		OR OR	× \$=	
	Independent	•	Minus	***	-	x	_=		OR	×=	•
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+	_=		OR	+=	
(Column 1) (Column 2) (Column 3)						TOTA ADDIT. FI			OR A	TOTAL DDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	r	HIGHEST NUMBER PREVIOUS PAID FOI	R PRESENT LY EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	]   <sub>k</sub> s	_=		OR	x <b>S</b> =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x	_ =		OR OR	×=	
∢	FIRST PRESENTATION OF MULTIPLE DEP			PENDENT CLA	<u>i</u> M (37 CFR 1.16(d))	] <del> </del>	_=	·	OR	+=	
(Column 1) (Column 2) (Column 3)							PEE		OR <sub>A</sub>	TOTAL DDIT. FEE	·
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	385 31 (2.13)	HIGHEST NUMBER PREVIOUS PAID FOR	R PRESENT LY EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1,16(c))	*	Minus	**	=	x \$	_ =		OR OR	x \$=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x	_=		OR	x=	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) +								OR	+ =	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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